

**DECLARATION OF INTENTION TO ACCEPT
CAMPAIGN CONTRIBUTIONS**

Year of Election:

Date of this Filing:

CANDIDATE:
(Full Name)

Campaign Committee Chairperson:
(Full Name)

Address:

Address:

Telephone Number(s):
Area Code

Telephone Number(s):
Area Code

Give Name of Office Sought: (include district, post or
judicial circuit)

☐ State _____

☐ County _____

☐ Municipal _____

Treasurer:
(Full Name)

Address:

Party Affiliation:
(Optional) ☐ Democrat ☐ Republican ☐ Other or None

Name of Incumbent _____

SIGNATURE OF CANDIDATE

For Office Use Only

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